

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/555649**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		2		2		
7		3		3		
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47		3		3		
48		3		3		
49		3		3		
50		3		3		
TOTAL IND.	2		2			
TOTAL DEP.	44		50			
TOTAL CLAIMS	46		52			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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